

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

KIMBERLY ALLEN, Personal
Representative of the ESTATE
OF TODD ALLEN, Individually,
on Behalf of the ESTATE OF
TODD ALLEN, and on Behalf of
the Minor Child PRESLEY
GRACE ALLEN,

Plaintiffs,

vs.

UNITED STATES OF AMERICA,

Defendant.

Case No. A04-0131 (JKS)

VIDEOTAPED DEPOSITION OF DONNA A. FEAREY

Pages 1 - 102, inclusive

Monday, April 11, 2005, 1:53 p.m.

Anchorage, Alaska

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1 Q. Uh-huh.

2 A. You mean the -- it -- it could be either the
3 LPN or myself.

4 Q. Okay. And then let me just go through --
5 and is that typical, that the -- the -- is Pat -- let
6 me back up. Is -- is Pat Ambrose, is she a registered
7 nurse who does the triage?

8 A. Yes.

9 Q. All right. And is this typical, that --
10 that the registered nurse who is doing triage would
11 write up in that left-hand box?

12 A. Yes.

13 Q. And then that you would be doing the -- the
14 notes under "Provider, Called to Room, Seen at"?

15 A. Yes.

16 Q. All right. Has this document -- do you know
17 if these emergency visit records have changed since
18 this time, or is this pretty much the standard form?

19 A. As far as I know, it's the standard. It was
20 that way in -- up till Christmas.

21 Q. Okay. Okay. So let's go through it. First
22 of all, do you have an independent recollection, as
23 you sit here, of this visit?

24 A. Yeah.

25 Q. What -- what do you remember?

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1 A. Do -- do you want me just to tell you
2 every --

3 Q. I'm curious, as you sit here, what --
4 everything that you remember. What's your independent
5 recollection?

6 A. I remember walking in the room, and he was
7 sitting on the exam table. And a woman - I assume
8 that's Mrs. Allen - was sitting at the -- there's an
9 area for other people to sit in the room. And I
10 remember him telling me that he had drove from Valdez
11 the day before; and when he was going through the pass
12 or the mountains, he started having increased pain on
13 his right ear. And he thought it could have been
14 related to the pressure changes of the altitude. And
15 he wanted -- and it -- and it had bothered him and he
16 wanted to know if he had an ear infection.

17 Q. Anything else you remember, just -- just
18 sitting here that you independently recollect?

19 A. I remember he was -- you know, he -- he did
20 not -- he was not in any distress. He was sitting
21 there very comfortably. He was very calm when he was
22 talking to me. He -- I -- he was not holding his
23 head. He wasn't -- he was sitting there very calmly.
24 He was not vomiting. He wasn't holding an emesis
25 basin.

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1 Q. He wasn't -- he wasn't holding a --

2 A. A bucket, you know, to vomit in.

3 Q. Anything else?

4 A. It was a good interaction. You know, it
5 wasn't rushed. It -- it was a very benign visit.
6 That's -- I mean, I don't remember anything beyond
7 that, I mean, specifically, I guess.

8 Q. Had you seen -- do you know this patient?
9 Had you seen him before?

10 A. I didn't realize I had, but I had seen him,
11 since I've looked at the records. But that was some
12 time before.

13 Q. Okay. So -- but at -- at this morning,
14 you -- you had not remembered seeing him?

15 A. No. No.

16 Q. Anything -- do you remember any interaction
17 with his wife?

18 A. No. I didn't talk to her.

19 Q. Okay.

20 A. Or she didn't talk to me. I can remember
21 when they were leaving, you know, them -- you know,
22 when I was talking to him, that she was, you know,
23 with him. But I didn't talk to her and she didn't
24 talk to me.

25 Q. Okay. Anything -- anything that stands out

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1 in your mind about his wife?

2 A. Huh-uh.

3 Q. All right. So when you -- I'm trying to
4 think of you doing this without you having to read the
5 entire note again. But it says, chief complaint,
6 ear/jaw pain. And had you talked to the -- the RN who
7 had done triage on him? Or --

8 A. No.

9 Q. -- is that -- and is that pretty typical,
10 that they just --

11 A. Yeah.

12 Q. -- send -- send the patient in to you, and
13 you wouldn't necessarily interact with the triage
14 nurse about the patient?

15 A. Right.

16 Q. And it says that his pain meds -- says,
17 "pain contract," and then it says "Percocet, Valium."

18 A. Uh-huh.

19 Q. Do you -- did you have his chart, do you
20 remember?

21 A. I would have had his chart.

22 Q. If you hadn't had his chart, would there be
23 some other way for you to know that?

24 A. Yeah. It would be on -- with the computer.

25 We can pull up medications.

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<p>1 Q. And how does that work when the -- do you</p> <p>2 usually have the patient's chart with you?</p> <p>3 A. Pretty -- pretty typically, yeah.</p> <p>4 Q. Who pulls that?</p> <p>5 A. The clerks when they check in. They put an</p> <p>6 order in for it, and then it comes in a pneumatic</p> <p>7 tube.</p> <p>8 Q. All right. And are there some times when</p> <p>9 they just can't find the patient's chart and you don't</p> <p>10 have it?</p> <p>11 A. Uh-huh.</p> <p>12 Q. Okay.</p> <p>13 A. Or it's at another clinic or --</p> <p>14 Q. All right. And so in those circumstances,</p> <p>15 would -- would --</p> <p>16 A. Well, you would use the computer, if you</p> <p>17 need to, when we talk to the patient.</p> <p>18 Q. Okay. Do you specifically remember whether</p> <p>19 or not you had the patient's chart with you or --</p> <p>20 A. I had his chart.</p> <p>21 Q. Do you -- do you know whether or not they</p> <p>22 had a hard time finding it or it took a while to get</p> <p>23 it or--</p> <p>24 A. No, because they wouldn't have. I saw him</p> <p>25 right away.</p>	<p>1 Q. Okay. And then --</p> <p>2 A. Four -- yeah, four and two.</p> <p>3 Q. Four and two?</p> <p>4 A. Yeah.</p> <p>5 Q. All right. And this -- would this have been</p> <p>6 the beginning of your shift?</p> <p>7 A. Yes.</p> <p>8 Q. Who writes at the very top -- it says,</p> <p>9 "Clinic 80, 30, 51." First of all, what -- do you</p> <p>10 know what that is?</p> <p>11 A. 80 is urgent care, and 30 is emergency</p> <p>12 department. And 51, I -- I'm not sure.</p> <p>13 Q. Okay.</p> <p>14 A. I think it's phone. I don't know.</p> <p>15 Q. And then the triage levels, 1, 2, 3, 4, 5,</p> <p>16 are those related to the policy that we showed -- that</p> <p>17 we were looking at that's marked Exhibit 3?</p> <p>18 A. Yes.</p> <p>19 Q. And who writes the triage level down?</p> <p>20 A. The triage nurse.</p> <p>21 Q. All right. So you didn't write that in</p> <p>22 there.</p> <p>23 A. No.</p> <p>24 Q. Is that correct?</p> <p>25 A. No.</p>
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<p>1 Q. All right. And do you remember how many</p> <p>2 other patients were in the ER that morning?</p> <p>3 A. I -- I don't remember it being busy, so I --</p> <p>4 I can't say for sure.</p> <p>5 Q. All right. And at this point, had -- were</p> <p>6 you working full time?</p> <p>7 A. As full time as I ever did: 30 hours.</p> <p>8 Q. All right.</p> <p>9 A. Yeah.</p> <p>10 Q. And had you -- have you been working</p> <p>11 essentially that kind of day shift full time since --</p> <p>12 since this time?</p> <p>13 A. I --</p> <p>14 Q. Let me ask that -- it wasn't -- I didn't ask</p> <p>15 it very well. Had -- up until December, when you left</p> <p>16 ANMC, had you been working the day shift?</p> <p>17 A. Yeah.</p> <p>18 Q. All right. And 30 --</p> <p>19 A. Yeah.</p> <p>20 Q. -- 30 hours a week. Is that correct?</p> <p>21 A. Yeah. Yeah.</p> <p>22 Q. All right. Did you have specific days that</p> <p>23 you worked?</p> <p>24 A. Thursday, Friday, Saturday, Sunday one week</p> <p>25 and Saturday, Sunday the next week.</p>	<p>1 Q. All right. On this -- the top of the</p> <p>2 document, it says "pain contract." Do you remember</p> <p>3 talking to this patient? Again, your independent</p> <p>4 recollection. Do you have an independent recollection</p> <p>5 about talking to this patient about his pain contract?</p> <p>6 A. I know that I would have, because I wrote,</p> <p>7 at the bottom, "with pain contract, no narcs," because</p> <p>8 I always talk to patients about -- you know, about</p> <p>9 that.</p> <p>10 Q. And what do you mean? Can you --</p> <p>11 A. I would just --</p> <p>12 Q. -- explain that to me? If you -- you always</p> <p>13 talk to patients about that.</p> <p>14 A. Well, if they're on -- if they come for</p> <p>15 pain, then they are -- I just -- if they're on a pain</p> <p>16 contract, I would just always let them know that I</p> <p>17 can't give them anything for pain through the urgent</p> <p>18 care --</p> <p>19 Q. Okay.</p> <p>20 A. -- and document that.</p> <p>21 Q. Got it. And it looks at the top like he</p> <p>22 had -- he had medications --</p> <p>23 A. Yeah.</p> <p>24 Q. -- Percocet and Valium?</p> <p>25 A. Yes.</p>

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1 Q. And so would that have been the medications
2 that he was prescribed, not by you but --

3 A. No.

4 Q. -- that, in general, that he had
5 prescriptions for those?

6 A. Yes.

7 Q. And so do you recall whether or not he was
8 discussing with you that -- that history of -- you
9 know, that -- that -- why he was on pain medication
10 and -- that he was on pain medication?

11 A. That he was on it for his -- his past
12 medical history.

13 Q. Uh-huh. Okay. And so it looks like you
14 took down this history: Can't keep Percocet down,
15 secondary to nausea --

16 A. Uh-huh.

17 Q. -- last --

18 A. Night.

19 Q. -- last night. Okay. And what was that --
20 and did that have any significance to you?

21 A. Did?

22 Q. That he had been taking Percocet but
23 couldn't keep it down.

24 A. I'm not quite sure what you mean by did it
25 have any significance.

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1 Q. Did it -- did it mean anything to you that
2 he couldn't keep Percocet down secondary to the nausea
3 last night?

4 A. Well, I was aware of it, that he had nausea
5 last night.

6 Q. Okay.

7 A. And, you know, so he couldn't take his pain
8 medicines in that way.

9 Q. All right. Did -- do you know whether or
10 not this patient had been vomiting?

11 A. He -- he had told me he vomited the night
12 before.

13 Q. Okay. And then what's -- of what
14 significance did it have to you that he ate a large
15 meal last -- the last night?

16 A. I probably asked him, you know, what did you
17 guys eat last night, when he told me he had nausea.

18 Q. Okay. So was this -- was the significance
19 to you that it could have been something he ate the
20 night before? That's what I'm just trying to
21 understand.

22 A. Yeah, it could have been. Yeah.

23 Q. And the next line after "did eat large meal
24 last p.m.," it says alert to -- I'm sorry. Let me
25 find my --

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1 A. Alert male, no acute distress, speech slow.

2 Q. Okay. And what -- what did you mean by his
3 speech was slow?

4 A. Just that. Just that. It wasn't pressured.

5 It wasn't...

6 Q. When you say it wasn't pre- -- I'm just
7 trying to understand that. When you say it wasn't
8 pressured, was he speaking normally, or was his
9 speech -- I'm just trying to understand what "speech
10 slow" means.

11 A. He -- he wasn't -- just what it says, I
12 guess. I -- I -- I can't really -- he wasn't -- he
13 wasn't anxious. He wasn't agitated. He was...

14 Q. Okay. And what's the -- let me just ask
15 you: Is that normally how you document that a patient
16 is not agitated or --

17 A. Yeah.

18 Q. You would normally write that their speech
19 was slow?

20 A. I would write their speech was pressured,
21 their -- somebody that's angry, I'll write -- I
22 usually write something, a couple of descriptive
23 words.

24 Q. Okay. About their -- and I'm just on the
25 speech part. Is the -- something about the patient's

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1 speech, does that -- is that something that you use as
2 a clue to yourself --

3 A. No.

4 Q. -- to alert you as to whether or not they're
5 agitated or --

6 A. Well, it would -- it could be. But I mean,
7 I could just write that they looked -- you know,
8 patient looks miserable or -- I mean, I'll just
9 usually write something.

10 Q. Okay. And then what's the next line?

11 A. Tympanic membranes bilaterally a bit cloudy
12 but mobile.

13 Q. Okay. And what does -- I don't know what
14 that means.

15 A. His eardrums, that -- that they weren't
16 clear, but they -- but they moved, meaning he didn't
17 have an ear infection.

18 Q. And how did you -- did you -- did you do
19 that by looking, or how did you test that?

20 A. By looking. And we have a little tube that
21 is on the otoscope that you can squeeze while you're
22 examining him. And if their eardrums move, then
23 they're mobile.

24 Q. Okay. And what about the -- the next line?

25 A. Nares, no discharge.

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<p>1 Q. All right. And -- and that was -- if you</p> <p>2 could explain that to me.</p> <p>3 A. Just looking in his nostrils, you know, just</p> <p>4 to --</p> <p>5 Q. Okay.</p> <p>6 A. He doesn't have a runny nose. He doesn't</p> <p>7 have --</p> <p>8 Q. All right. And then what's the -- what's</p> <p>9 the next line?</p> <p>10 A. His pharynx is pink.</p> <p>11 Q. All right. Anything unusual there?</p> <p>12 Anything remarkable?</p> <p>13 A. No.</p> <p>14 Q. Okay. Was that a normal --</p> <p>15 A. That would have been a normal exam.</p> <p>16 Q. Okay. And then right across from that it</p> <p>17 says -- is that a positive click?</p> <p>18 A. Yeah. And tenderness, bilateral TMJ.</p> <p>19 Q. Okay. And then how did you -- was that just</p> <p>20 something that you heard, or was there --</p> <p>21 A. You can --</p> <p>22 Q. -- some examination you did or --</p> <p>23 A. When you got them to open their mouth, and</p> <p>24 you -- this kind of has a clunk or click sound. And</p> <p>25 he did it and he was tender.</p>	<p>1 A. Uh-huh.</p> <p>2 Q. Was he in there looking for -- for pain</p> <p>3 meds, or what was he --</p> <p>4 A. No. He was okay with that. He -- he</p> <p>5 said -- you know, I believe he said something to the</p> <p>6 effect, that's -- that's okay. I think he wanted to</p> <p>7 know why his ear was bothering him.</p> <p>8 Q. Okay. Do you remember him saying anything</p> <p>9 about any part -- any other part of his head hurting?</p> <p>10 A. I -- I'm -- when he indicated his ear, it</p> <p>11 was this area here, on the right side.</p> <p>12 Q. Okay. This area here on the right side of</p> <p>13 his head?</p> <p>14 A. Yeah, uh-huh.</p> <p>15 Q. Any other description about how his head</p> <p>16 hurt --</p> <p>17 A. No.</p> <p>18 Q. -- that you remember?</p> <p>19 A. No.</p> <p>20 Q. Okay. Why did you give him Phenergan?</p> <p>21 A. Because with the nausea -- and he couldn't</p> <p>22 take his pain medications -- my reasoning was to give</p> <p>23 him something for the nausea so that he could take his</p> <p>24 pain medicines.</p> <p>25 Q. Okay. And what is -- what's Phenergan?</p>
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<p>1 Q. All right. And how did you test whether or</p> <p>2 not his neck was supple or stiff?</p> <p>3 A. I usually -- I put my hands around their</p> <p>4 neck just to feel for lymph nodes and have them look</p> <p>5 up and look down.</p> <p>6 Q. All right. And then what's the -- what's</p> <p>7 the next line?</p> <p>8 A. No nodes, no lymph nodes.</p> <p>9 Q. All right. And the line after that?</p> <p>10 A. Lungs clear to auscultation; and heart rate,</p> <p>11 regular rhythm and rate, no murmur.</p> <p>12 Q. Okay. And then is it your writing under the</p> <p>13 "Purpose of Visit/Problem List"?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. And then at the bottom, I wanted to</p> <p>16 ask you about that. It says aware -- if you could</p> <p>17 read that.</p> <p>18 A. Aware with pain contract. No narcotics.</p> <p>19 Q. Okay. And what do you remember about that?</p> <p>20 Or let me ask it this way: Was -- was this you</p> <p>21 saying, look, he's got a pain contract, and, you know,</p> <p>22 I'm not going to give him any narcotics or --</p> <p>23 A. Yeah. That -- that is exactly.</p> <p>24 Q. Okay. And is this -- and that's something</p> <p>25 that you discussed with him?</p>	<p>1 A. It's an antiemetic. It helps with nausea.</p> <p>2 Q. And then does it also have sort of a</p> <p>3 narcotic effect or --</p> <p>4 A. No. It can make people drowsy.</p> <p>5 Q. Okay. And I -- I probably didn't ask it</p> <p>6 very well. It can -- it can make people drowsy?</p> <p>7 A. Uh-huh.</p> <p>8 Q. If somebody is taking -- I'm just curious.</p> <p>9 If somebody actually is taking narcotics and they take</p> <p>10 Phenergan, does -- is there a synergistic effect</p> <p>11 between them?</p> <p>12 A. I -- I think that's what -- I don't -- I</p> <p>13 don't know that that's, in fact, the science of it,</p> <p>14 but I think that's how I often practice.</p> <p>15 Q. Okay. You would practice in terms of</p> <p>16 assuming that that would be the case?</p> <p>17 A. Yeah.</p> <p>18 Q. All right. So if you can -- if you</p> <p>19 remember, did you leave the room and go get the shot</p> <p>20 of Phenergan, and did you -- because it looks like you</p> <p>21 actually gave him a shot that morning. Is that</p> <p>22 correct?</p> <p>23 A. Correct. I -- I would have written this up,</p> <p>24 and the nurse would have given him the shot.</p> <p>25 Q. Okay. And then it says Phenergan -- is it</p>

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1 25 --

2 A. Uh-huh.

3 Q. Is it milligrams? I'm sorry.

4 A. Yeah. Yeah. 25 milligrams orally every six
5 hours, and I gave -- as needed, and I gave him six.

6 Q. Okay. And how about right above that?

7 That's what I was --

8 A. Phenergan 25 milligrams I- --
9 intramuscularly now.10 Q. All right. And so where was that given to
11 him?

12 A. The right glute, she wrote.

13 Q. Okay. And is that the nurse's --

14 A. Uh-huh.

15 Q. -- writing?

16 A. Uh-huh.

17 Q. Okay. And what's the number right above
18 that?19 A. The time she would have given it to him,
20 8:00 o'clock.21 Q. All right. And then when you're seeing a
22 patient, like let's say -- looks like he's called to
23 room at 7:35. He's seen at 7:40. And is 7:40 when
24 you're able to go into the room and actually see him?

25 A. Uh-huh.

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1 Q. Are you -- are there other patients that
2 you're kind of seeing at the same time? How -- how
3 does that work in the UCC?4 A. There would be. I don't know that there was
5 when I was seeing him, but typically there's, you
6 know, one patient after another.7 Q. Okay. So would it be -- I'm just curious if
8 the practice generally is that you would be talking to
9 a patient, leave the room, go see another patient,
10 come back and spend time with that patient. Is that
11 correct?12 A. Typically in the urgent care you -- you
13 could go see him, evaluate him, write your diagnosis
14 and what they need. And you're basically -- you're
15 done, I mean -- you know, unless they need IV fluids
16 and you're reevaluating and reassessing him.17 Q. Okay. I'm trying to understand whether or
18 not you were actually seeing this patient between 7:40
19 and -- okay. Well, let me ask you this: Were you in
20 the room when the nurse gave him the shot of the
21 Phenergan?

22 A. No. No.

23 Q. Okay. So is there any note on here, record
24 in here, when you would have left the room and --

25 A. No.

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1 Q. Okay. Do -- do you have any idea how -- how
2 much time you spent with this patient?

3 A. Around ten minutes, 15 minutes.

4 Q. Okay. And then that last line, it says,
5 patron -- patient has Motrin.

6 A. Uh-huh.

7 Q. Is that correct?

8 A. Uh-huh.

9 Q. And what -- was that something you had
10 specifically asked about? I'm just curious what --11 A. Well, the Motrin class of medicines are
12 often used for pain, and it's good for inflammation
13 (sic) -- inflammation. And he had it.14 Q. Was this -- does -- so what was the onset of
15 his pain?16 A. When he was driving in from the mountains,
17 coming in from Valdez, was my understanding.18 Q. All right. And then was he somebody who was
19 suffering -- do you know whether or not he was
20 suffering from photophobia at all?21 A. I don't think he was. I -- I don't have it
22 documented, but I don't recall him -- you know, the
23 light -- the bright lights over his head didn't bother
24 him doing an exam. Didn't bother him.

25 Q. All right. Do you know when the maximum

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1 intensity of pain was for him with this particular
2 headache?

3 A. No.

4 MR. GUARINO: Excuse me. You have to be
5 careful in terms of listening to the question. She
6 asked you about headache, and you have been talking
7 about earache and jaw pain. And she just asked you a
8 question in terms of headaches. So if you're
9 intending to agree that he had a headache as opposed
10 to the pain you described, you need to be careful in
11 terms of the questioning.

12 BY MS. McCREADY:

13 Q. Let me ask you this: Was this a patient who
14 had -- would you describe him as having a severe
15 headache?

16 A. No.

17 Q. Okay. And why not?

18 A. Because he wasn't complaining of a severe
19 headache. And his demeanor in the room, he didn't
20 look like he had terrible pain, even with -- with his
21 ear pain and jaw pain.22 Q. Okay. Would -- would you describe him as
23 having severe pain in general?

24 A. No.

25 Q. Okay. How about -- well, did he -- did he

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<p>1 present to the ER -- what was his -- did he -- did he</p> <p>2 present to the ER in pain?</p> <p>3 A. That was -- when he went to triage, you</p> <p>4 mean, what he was -- I mean, that's what he said, is</p> <p>5 his ears and his head are hurting.</p> <p>6 MS. McCREADY: Okay. Let's go off record</p> <p>7 for just a second. I just -- I just want to look at</p> <p>8 my notes for a moment.</p> <p>9 THE VIDEOGRAPHER: Off record, 3:09.</p> <p>10 (Recess taken.)</p> <p>11 THE VIDEOGRAPHER: We're back on record at</p> <p>12 3:12.</p> <p>13 BY MS. McCREADY:</p> <p>14 Q. So would you describe his pain as -- as</p> <p>15 significant, "his pain" meaning Todd Allen's pain in</p> <p>16 April of 2003?</p> <p>17 A. In -- in terms of when I -- when I walked in</p> <p>18 the room to see him? Is that what you mean?</p> <p>19 Q. Sure.</p> <p>20 A. No.</p> <p>21 Q. Okay. Did that seem odd to you that</p> <p>22 somebody shows up at the ER and --</p> <p>23 A. No.</p> <p>24 Q. -- with a complaint of pain and --</p> <p>25 A. No.</p>	<p>1 Q. Did you rule out that he had a migraine?</p> <p>2 A. It would have been in my thoughts, but with</p> <p>3 his past medical history, that wouldn't have been what</p> <p>4 I had thought that he had going on.</p> <p>5 Q. Did you rule out that he had a subarachnoid</p> <p>6 hemorrhage?</p> <p>7 A. His exam and his history, it was not high</p> <p>8 on -- it would not have been on the top of the list.</p> <p>9 Q. Okay. And -- and again, why -- why would</p> <p>10 you -- why would you say that?</p> <p>11 A. Because I had a patient sitting there who</p> <p>12 had a history of chronic pain in the same area he was</p> <p>13 showing me that he had pain, and on exam he had pain</p> <p>14 there. And he wasn't any -- in any distress on my</p> <p>15 exam. He was very comfortably sitting there.</p> <p>16 Q. What experience have you had working with</p> <p>17 patients who have had a suba- -- who have a</p> <p>18 subarachnoid hemorrhage?</p> <p>19 A. I have seen -- I -- I have seen patients at</p> <p>20 Providence when I was there and I have had patients</p> <p>21 that there was something about their headache that was</p> <p>22 one of those red flags that got a CT or got an LP and</p> <p>23 were ruled out.</p> <p>24 Q. Okay. And so I'm just trying to get a</p> <p>25 sense. When you were at Providence -- first of all,</p>
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<p>1 Q. Okay. Why -- why not?</p> <p>2 A. Because you see a lot of patients who come</p> <p>3 in for, you know, real similar, you know, ear pain or</p> <p>4 toothache or back pain or -- I mean, we just see a lot</p> <p>5 of pain.</p> <p>6 Q. Okay. So you wouldn't even consider it that</p> <p>7 the pain that he was describing was significant?</p> <p>8 A. No.</p> <p>9 Q. Was it different than the pain he'd -- he'd</p> <p>10 experienced in the past?</p> <p>11 A. I didn't think so.</p> <p>12 Q. And what was that? What do you mean, that</p> <p>13 you didn't think so?</p> <p>14 A. Having had pain in his ear, in his jaw on</p> <p>15 the right, with his history of mandible fracture</p> <p>16 and -- and my exam, which he already had pain there</p> <p>17 when I, you know, checked that area, it seemed</p> <p>18 consistent.</p> <p>19 Q. Did you -- do you remember talking to him</p> <p>20 about whether or not this was pain that was different</p> <p>21 than what he had experienced before?</p> <p>22 A. No, I don't remember.</p> <p>23 Q. Do you remember talking to him about whether</p> <p>24 or not this was the worst pain he had?</p> <p>25 A. No.</p>	<p>1 did you have any experience with patients with</p> <p>2 subarachnoid hemorrhages when you were in Nome?</p> <p>3 A. I don't think so.</p> <p>4 Q. Okay. And in your -- how many years were</p> <p>5 you at Providence?</p> <p>6 A. Eight.</p> <p>7 Q. All right. And -- and how many -- how many</p> <p>8 times that you had -- in that eight-year period, had</p> <p>9 experience with a patient who -- who ends up having a</p> <p>10 subarach- -- subarachnoid hemorrhage?</p> <p>11 A. I -- I don't know. I -- I knew that I had</p> <p>12 them, but I couldn't tell you a number.</p> <p>13 Q. And I'm just wondering if it's -- I just --</p> <p>14 is it less than ten? Is it more than ten? Do you</p> <p>15 know?</p> <p>16 A. I don't know.</p> <p>17 Q. All right. Did it happen every year? Did</p> <p>18 it happen --</p> <p>19 A. I would imagine, but I -- I don't know. But</p> <p>20 I -- I know that I definitely took care of patients</p> <p>21 with subarachnoid hemorrhages.</p> <p>22 Q. Okay. And were they patients that you were</p> <p>23 taking care of in terms of as a -- as a triage nurse</p> <p>24 or as -- as a provider?</p> <p>25 A. As a registered nurse when I was at</p>

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